



**MONTANA  
TEACHERS' RETIREMENT SYSTEM**

1500 E 6<sup>TH</sup> AVE  
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HELENA, MT 59620-0139  
406 444-3134

**TRS Office Use Only**

**BENEFICIARY DESIGNATION ATTACHMENT FORM  
ACTIVE MEMBERS ONLY**

PLEASE REVIEW INSTRUCTIONS ON TRS FORM 123 BEFORE COMPLETING

\_\_\_\_\_  
(Member Name-Please Print)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security Number)

**DESIGNATION OF BENEFICIARY:** Please provide all requested information for each beneficiary. The complete legal name, social security number, date of birth and relationship are required.

6TH CONTINGENT BENEFICIARY	7TH CONTINGENT BENEFICIARY	8TH CONTINGENT BENEFICIARY
_____ (Last Name)      (First Name)      (MI)	_____ (Last Name)      (First Name)      (MI)	_____ (Last Name)      (First Name)      (MI)
_____-_____-_____ (Social Security Number)      (Male/Female)	_____-_____-_____ (Social Security Number)      (Male/Female)	_____-_____-_____ (Social Security Number)      (Male/Female)
_____-_____-_____ (Date of Birth)      (Relationship)	_____-_____-_____ (Date of Birth)      (Relationship)	_____-_____-_____ (Date of Birth)      (Relationship)
_____ (Home Mailing Address)	_____ (Home Mailing Address)	_____ (Home Mailing Address)
_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)
_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)

I hereby nominate and appoint the person(s) or estate named above as the designated beneficiary(ies) of my Montana TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries named above are to share equally, and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

\_\_\_\_\_  
(Member Signature - Must reflect your legal name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date)

**WITNESS: \*Two adults other than the beneficiaries must sign as witnesses to your signature. If this form does not contain the signatures of two witnesses the form is invalid.**

We, the undersigned, of lawful age, certify that we are acquainted with the member signing this Designation of Beneficiary Attachment Form and that such member has requested us to witness their signature as their free act and deed.

\_\_\_\_\_  
(Signature of Witness-must reflect your legal name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness- Must reflect your legal name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date)

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.